

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$105 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 8: 27

DOCUMENT # N13003 (1)

1. Corporation Name

METROPOLITAN SARASOTA FIRE RESCUE DISTRICT AUXILIARY, INC.

Principal Place of Business

Mailing Address

2200 STICKNEY POINT ROAD
SARASOTA FL 34231

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SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1986

3a. Date of Last Report

08/04/1994

4. FEI Number

59-1549040

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 6750 Bee Ridge Road

26 6750 Bee Ridge Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Sarasota, FL

28 Sarasota, FL

24 Zip Country

29 Zip Country

24 34241 US

29 34241 US

5. Certificate of Status Desired

xx

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

xx

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

HANDRA STEPHEN
2200 STICKNEY POINT RD
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name

Kennell, Mark

82 Street Address (P.O. Box Number is Not Acceptable)

6750 Bee Ridge Road

83

84 City

Sarasota

85 Zip Code

FL 34241

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Mark Kennell

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

Mark A. Kennell, Jr.

06/12/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	JOHNSON, CHRIS	5747 GRANDA DR., STE. 197	SARASOTA FL
VD	NOFFSINGER, ARTHUR	2837 NODOSA DR.	SARASOTA FL
TD	CHAPPELL, WADE	2955 BENEVA RD., STE. 105	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Chris Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/12/95

DATE

(641) 923-1764

TELEPHONE NUMBER